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**\*BIBDATASHEET\***

CONFIRMATION NO. 9108

Bib Data Sheet

<b>SERIAL NUMBER</b> 10/074,680	<b>FILING OR 371(c) DATE</b> 02/11/2002 <b>RULE</b>	<b>CLASS</b> 382	<b>GROUP ART UNIT</b> 2621	<b>ATTORNEY DOCKET NO.</b> P0575
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**APPLICANTS**  
 John Stach, Tualatin, OR;  
 Geoffrey B. Rhoads, West Linn, OR;

**\*\* CONTINUING DATA \*\*\*\*\***  
 This application is a CIP of 09/127,502 07/31/1998 PAT 6,345,104  
 which claims benefit of 60/082,228 04/16/1998  
 and claims benefit of 60/350,505 01/18/2002  
 and which is a CIP of 09/074,034 05/06/1998 PAT 6,449,377  
 and which is a CIP of 08/967,693 11/12/1997 PAT 6,122,392  
 which is a CON of 08/614,521 03/15/1996 PAT 5,745,604  
 which is a CON of 08/215,289 03/17/1994 ABN  
 which is a CON of 08/649,419 05/16/1996 PAT 5,862,260  
 Said 09/127,502 is also  
 > This application also claims benefit  
 of 60/350,505, 01/18/2002

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
**\*\* 03/11/2002**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY OR</b>	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 19	<b>INDEPENDENT CLAIMS</b> 5
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

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23735

**TITLE**  
DATA HIDING THROUGH ARRANGEMENT OF OBJECTS

<b>FILING FEE RECEIVED</b> 1126	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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